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Date: May 23, 2003

To: Users of State-Supplied Vaccines

From: Jeffrey P. Davis, MD

Chief Medical Officer and State Epidemiologist

for Communicable Diseases

Subject: Pneumococcal Conjugate Vaccine Shortage Resolved

I am pleased to announce that the shortage on Pneumococcal Conjugate (Prevnar®) vaccine is over.

The Wisconsin Immunization Program has an adequate supply of vaccine on hand to reinstate the four dose series. However, we ask that you not order more than a two month supply of vaccine. If you determine that you will run out of vaccine in that time you may reorder.

The Advisory Committee on Immunization Practices (ACIP) recommends all providers return to the routine four dose schedule. The vaccine is recommended to for children through 4 years of age. Since the delay some children who have turned 5 year of age would no long be eligible for the vaccine. Catch-up immunization for children less than 5 years of age should be prioritized as follows:

- 1. Highest Priority-- Children less than 5 years of age at high-risk* of invasive pneumococcal disease.
- 2. Second Priorities
 - a. Healthy children less than 2 years of age who have not received any doses of pneumococcal conjugate vaccine.
 - b. Healthy children less than 12 months of age who have not yet received 3 doses of pneumococcal conjugate vaccine.

Most catch-up immunizations can be administered during regularly scheduled clinic visits. However, consideration can be given to recalling healthy children less than 5 years who are under-vaccinated or unvaccinated.

* The CDC now includes cochlear implants as a high risk condition for invasive pneumococcal disease in addition to those condition previously lists in the ACIP statement

The ACIP Recommended regimens for pneumococcal conjugate vaccine among children with a late start or lapse in vaccine administration are listed below:

Age at examination (in months)	Previous pneumococcal con vaccination history	jugate Recommended regimen*
2-6 Healthy and High	0 doses	3 doses 2 months apart, 4 th dose at age 12-15 months
risk Children	1 dose	2 doses, 2 months apart, 4 th dose at 12-15 months
	2 doses	1 dose, 4 th dose at 12-15 months
7-11 Healthy and High	0 doses	2 doses 2 months apart, 3 rd dose at 12-15 months
risk Children	1 or 2 doses before 7 mos.	1 dose at 7-11 months, with another at 12-15 months (≥2 months later)
12-23 Healthy and High risk Chidren	0 doses	2 doses ≥ 2 months apart
	1 dose before age 12 mos	2 doses ≥ 2 months apart
	1 dose at > 12 months	1 dose >2 months after the most recent dose
	2 or 3 doses before age 12 mos 1 dose \geq 2 months after the most recent dose	
24-59		
Healthy Children+	Any incomplete schedule	Consider 1 dose \geq 2 months after the most recent dose
High risk Children ++	< 3 doses	1 dose ≥ 2 months after the most recent dose and another do >2 months later
	3 doses	1 dose \geq 2 months after the most recent dose

^{*}for children vaccinated at age <1 year, the minimum interval between doses is 4 weeks. Doses administered at \geq 12 months should be at least 8 weeks apart

For the complete ACIP "Notice to Readers" statement on Pneumococcal Conjugate vaccine see www.cdc.gov/mmwr/preview/mmwrhtml/mm5219a6.htm

The CDC is investigating situations in which invasive pneumococcal disease occurs despite vaccination. Health-care providers are encouraged to report invasive pneumococcal disease occurring in children aged <5 years who have received ≥1 doses of pneumococcal conjugate vaccine to the CDC through state health departments. If pneumococcal isolates are available from vaccinated children, the CDC will perform serotyping to determine whether the strain is a type included in the vaccine. Additional information is available at http://www.cdc.gov/nip/diseases/pneumo/PCV-survrpts/default.htm.

If you have questions about Prevnar® vaccine orders, please contact the Immunization Program at 608-267-5148.

Thank you for your understanding and patience over the last 21 months during the vaccine shortage. It has been a strain on all providers and we appreciate your cooperation.

⁺Providers should consider 1 dose for healthy children aged 24-59 months, with priority to children aged 24-35 months. American Indian/Alaska Native and black children, and those who attend group child care centers.

⁺⁺Children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness, cochlear implant or immunocompromising conditions